

THE STATE OF INDIANA SECTION 1915(b) WAIVER PROGRAM FACT SHEET

Project Name: Hoosier Healthwise
Initial Proposal Approved: September 13, 1993
Renewal Approved: April 24, 2001
Renewal Expires: April 23, 2003

PROGRAM SUMMARY:

Hoosier Healthwise is a statewide 1915(b) mandatory managed care waiver program with a risk-based managed care (RBMC) component and a primary care case management (PCCM) system, called Primestep. TANF and TANF-related Medicaid beneficiaries have a choice of enrolling in either of these two delivery networks. The aged, blind and disabled (ABD) Medicaid populations are mandatorily enrolled in the PCCM component only. This portion of the waiver is referred to as Medicaid Select. All recipients are enrolled when newly eligible for Medicaid or at redetermination. All Medicaid beneficiaries are required to enroll in Hoosier Healthwise except dual eligibles, nursing facility residents, spend-down recipients, members of Federally recognized Tribes, 1915(c) home and community based services (HCBS) waiver participants, and persons with severe mental illness.

HEALTH CARE DELIVERY

Primary medical providers (PMPs) contract under the Primestep network. Three licensed managed care organizations (MCOs) provide services in the RBMC delivery system. Managed Health Services operates statewide; IU Health plan contracts in the Northern and Central regions; and Harmony Health Plan contracts in the Northern region only. Medicaid beneficiaries have a choice of at least two PMPs. As mentioned above, TANF and TANF-related beneficiaries can generally choose between enrollment in PrimeStep or the RBMC delivery system. However, TANF and TANF-related individuals residing in Allen, Elkhart, Lake, Marion, and St. Joseph counties must enroll in the RBMC component, as these service areas have been approved and designated as mandatory RBMC counties.

BENEFIT PACKAGE

Hoosier Healthwise provides a full package of Medicaid benefits to enrolled beneficiaries. However, mental health services rendered by a provider enrolled in a Medicaid mental health specialty are excluded from the RBMC program. This generally means that inpatient psychiatric hospital and outpatient psychiatric services are paid on a fee-for-service basis. However, when an acute care hospital or a PMP provides these same services, they are included under the RBMC program. It is the type of provider that determines payment for such services, not the type of service rendered.

Medicaid beneficiaries enrolled in RBMC can receive the following services without a referral: emergency care, mental health, family planning, podiatry, vision care, chiropractic, and HIV/AIDS targeted case management. Beneficiaries enrolled in PrimeStep do not need a referral for the following services: emergency care, mental health, family planning, dental, podiatry, ophthalmology, vision care, pharmacy, transportation, chiropractic, and HIV/AIDS targeted case management.

ENROLLMENT BROKER

The State's enrollment broker, Lifemark, conducts outreach and education activities through its benefit advocates (BAs). They assist eligible beneficiaries in choosing a PMP and delivery system. Individuals who do not choose a PMP within 30 days are auto-assigned. Auto-assignment is based upon previous PMP relationship, family member PMP linkage, PMP scope of practice, service location, and the percentage of the PMP's patients in the PrimeStep or RBMC networks.

Disenrollment without cause is available within the first 90 days of enrollment. Clients may disenroll at any time with just cause. The enrollment broker facilitates disenrollment and the just cause exemption processes. PMP changes may be made every 12 months without cause.

LOCK-IN PROVISION

Effective February 2002, the State has decided not to implement a 12 month lock-in. The State will be modifying their waiver to reflect this change.

COST EFFECTIVENESS

In the 2001 renewal application, the State demonstrated cost effectiveness by projecting that cost of services per eligible after implementation of Hoosier Healthwise was less than the cost of services before waiver implementation.

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